

2017
DEKALB COUNTY GOVERNMENT
HEALTH INSURANCE BUYOUT PROGRAM

PROGRAM DESCRIPTION

Enrollment Deadline: A completed enrollment form must be received in the Finance Office by December 31, 2016 or within 31 days after a qualifying event, if later.

Employees who qualify for the County's Health Insurance Program have an annual option to participate in the Insurance Buyout Program. This program allows an employee to decline health insurance coverage and receive a cash payment instead. Payment will be \$3,000 for calendar year 2017. This form is to be used for calendar year 2017 only and a new form must be submitted annually each calendar year thereafter.

Employees who elect to participate in this program understand and agree to the following:

1. Employees hired in 2016 or earlier must elect participation for the 2017 calendar year during the open enrollment period held prior to December 31, 2016 in order to receive payment on the first payroll in July, 2017. Employees submitting late enrollment forms after December 31, 2016 must submit their enrollment form on or before July 31, 2017 in order to receive payment on the first payroll in December, 2017. Enrollment forms received after July 31, 2017 will not be processed and no payment will be due or made for 2017. Employees hired from January 1, 2017 through June 1, 2017 whose insurance effective date is February 1, 2017 through July 1, 2017 must elect to participate prior to the time of their health insurance eligibility.
2. Payment will be \$3,000 for calendar year 2017 to eligible employees who opt out of health insurance coverage for a minimum of six months during the year. No partial payments or prorated payments will be made.
3. Insurance Buyout Program payments will only be processed twice per year – on the first payroll of July and December of each year. Any employee whose health insurance would have become effective on January 1, 2017 or earlier, will be eligible for the Insurance Buyout Program payment made on the first payroll in July, 2017 provided an enrollment form was completed during the open enrollment period. Employees whose health insurance becomes effective February 1, 2017 through July 1, 2017 will be eligible for the Insurance Buyout Program payment made on the first payroll in December, 2017 provided an enrollment form was completed prior to the time of their health insurance eligibility. Employees whose health insurance becomes effective after July 1, 2017 will not be eligible to participate in the Insurance Buyout Program for the 2017 calendar year.
4. Any employee who elects to participate in the Insurance Buyout Program may elect to have County provided health insurance mid-year, in lieu of the Insurance Buyout Program payment, provided there has been a "qualifying life event" (i.e. birth, death, marriage, divorce, loss of coverage, etc.) which qualifies for a special enrollment. Special enrollment must be completed within 31 days of the qualifying event.
5. Employees who are covered by Medicare or TRICARE are not eligible for the Insurance Buyout Program to ensure compliance with the Secondary Payer rules for those programs.
6. Buyout payments are subject to all normal payroll withholdings and deductions. The buyout amount and related withholdings and deductions will be reflected on the employee's 2017 Form W-2.
7. Employees are responsible for notifying the County, within the above guidelines and deadlines, of any desire to join this program or discontinue participation in this program.
8. The County reserves the right to discontinue or modify this program at any time.

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ENROLLMENT FORM

Enrollment Deadline: A completed enrollment form must be received in the Finance Office by December 31, 2016 or within 31 days after a qualifying event, if later.

_____ I wish to enroll in the DeKalb County Government Health Insurance Buyout Program for calendar year 2017. As a condition of my enrollment in the program, I certify that:

- A. I understand the program as outlined in the attached program description.
- B. I am in an insurance eligible position afforded benefits under the DeKalb County Government Health Plan and elect to decline health insurance coverage through the plan for the 2017 calendar year.
- C. I and all individuals in my expected tax family have or will have the required minimum essential coverage through another source (other than coverage in the individual market, whether or not obtained through the Marketplace) for the 2017 calendar year.
- D. I understand this enrollment form is valid for the 2017 calendar year only and that I must re-enroll in the program for every subsequent year that it is offered and for which I remain eligible, and I must certify that required minimum essential coverage has been or will be obtained for myself and all individuals in my expected tax family on an annual basis.
- E. I understand that no buyout program payment will be made unless the enrollment form and its certifications are provided by the deadlines specified on the form.
- F. I understand that no buyout program payment will be made if the County knows that I or any individual in my expected tax family does not have the required minimum essential coverage through another source.
- G. I am not covered by Medicare or TRICARE and agree to notify the County if I do become covered by either of these programs at any time during the 2017 calendar year

Employee Signature

Date

Print Name

Department